



HILLCREST CEMETERY

Monument Application Form



Supplier Name _____

Address _____

Bill To: Same (Yes or No) _____
If no - _____

Installer _____ Tentative Installation Date _____

Supplier's Confirmation of Monument Sides

Monument Names: Surname _____
Given Names _____
Left _____ Right _____

Monument (please mark the appropriate boxes with an 'x')

Type: Flat Pillow Upright
Material: Granite Marble Bronze Other _____
Base Material: Granite Concrete
Foundation (must be concrete): Runner Individual

Sizes

Monument
Length _____
Back Height _____
Width _____
Front Height _____

Base
Length _____
Back Height _____
Width _____
Front Height _____

Individual Foundation
(must extend 4" on all sides)
Length _____
Depth _____
Width _____
Front Height _____

Hillcrest Cemetery Use Only

Names _____ Location _____

Monument Permit Fee is \$50.00 + GST

Approved Yes No

Reason not approved _____

Hillcrest Cemetery Administration

Date